

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000072672

**FILED**  
**Apr 17, 2024**  
**Secretary of State**  
**8814861103CC**

**Entity Name:** GUIDEWELL HEALTH PLANS, INC.

**Current Principal Place of Business:**

4800 DEERWOOD CAMPUS PKWY  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

4800 DEERWOOD CAMPUS PKWY  
JACKSONVILLE, FL 32246 US

**FEI Number: 83-1890547**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

MACCARTHY, DEIRDRE  
4800 DEERWOOD CAMPUS PKWY  
JACKSONVILLE, FL 32246 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           CHAIRMAN, CEO  
Name           DIVITA, CHARLES III  
Address        4800 DEERWOOD CAMPUS PKWY DC  
                  1-8  
City-State-Zip: JACKSONVILLE FL 32246

Title           SECRETARY  
Name           PHELPS, SETH  
Address        4800 DEERWOOD CAMPUS PKWY  
City-State-Zip: JACKSONVILLE FL 32246

Title           DIRECTOR  
Name           CHALUJA, JUAN  
Address        4800 DEERWOOD CAMPUS PARKWAY  
                  DC 1-6  
City-State-Zip: JACKSONVILLE FL 32246

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: SETH PHELPS**

**SECRETARY**

**04/17/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date